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ABSTRACT

As a step toward developing a standardized measure for evaluating the impact of child protective services, three indices were developed: the abuse index, the neglect index, and the sexual abuse index. Each is composed of physical indicators of the problem and social and behavioral indicators found to be statistically correlated with physical indicators. Adding and averaging the number of indicators found in a sample of cases before and after service delivery gives a measure of the impact of protective services (in other words, a protection score). Potential users of the system are provided in this manual with step-by-step information needed to use and adapt these protection indicators to measure the impact of child protective services. Sections of the manual provide background information related to impact evaluation, as well as guidelines for (1) designing an indicator/index evaluation, (2) training evaluators and pretesting the research, (3) using the existing indices, (4) constructing a new index, and (5) applying the indices. Indices are intended to be easy-to-use; evaluators can record the presence of indicators before and after service delivery as they read and review case records. Appended are the data collection instrument, formulas for all three indices, a list of indicators of abuse and neglect with operational definitions, and a list of program variables that can be used with the indicator/index approach. (RH)

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MANUAL

FOR USING ABUSE AND NEGLECT INDICATORS

AND INDEX

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INTRODUCTION

The Texas Department of Public Welfare created the Program Evaluation and Review Division in October, 1974, in response to demands for accountability in human services. As staff members of a group within the division, the Child Welfare Section, we developed the PROTECTION INDICATORS OF ABUSE, NEGLECT AND SEXUAL ABUSE to measure the impact of Protective Services for Children. This method proved to be a relatively inexpensive way to evaluate large numbers of cases. We described the indicator/index approach in the article, "The INCADEX Approach to Identifying Problems and Evaluating Impact in Child Protective Services," in the January, 1978 issue of Child Welfare. Many people requested additional information about the approach, and the Region VI Resource Center on Child Abuse and Neglect at the School of Social Work at the University of Texas at Austin agreed to assist in the printing and dissemination of this manual. Our purpose is to provide potential users with the step-by-step information needed to understand, use, and/or adapt the Protection Indicators to measure the impact of child protective services.

This manual is not intended to provide a course in methodology or a description of protective services programs. Selected references are included for those who want to pursue these areas further. We have tried to write this manual for those who have more experience in protective services than in research techniques. The technically sophisticated reader may want to skip some sections.

Briefly, we developed three indices: The Abuse Index, the Neglect Index and the Sexual Abuse Index. Each index is composed of physical indicators of the problem (for instance, one physical indicator of abuse is a skull fracture diagnosed by a physician) and social and behavioral indicators we have found to be statistically correlated with the physical indicators. By reading case-records, an evaluator can record the presence of these indicators before and after service delivery. Adding and averaging the number of indicators found in the whole sample at each time period and comparing the two scores gives a measure of the impact of protective services on children who receive them; in other words, a protection score. This is simply the number of indicators still present after services have been delivered which is computed for each child and for the program as a whole. This approach can also be adapted for diagnostic use or for use as a supervisory tool.

This approach is a great improvement over professional judgment, which is often used to evaluate impact, because it is more reliable, more systematic, more objective, and offers greater opportunities for exploring relationships between impact and service delivery. It is a step toward developing a standardized measure, which has the following advantages:

- the user doesn't have to invest time and effort to produce a measure.
- the user will have more information with which to assess the validity and reliability of the measure and his/her own data.
- the user can more easily communicate results to others who are familiar with the same measure.
- the user can confidently compare his/her findings with those of others who use the same measure.

Despite our best efforts, it is unlikely that this manual will answer all of your questions. Because we are operating within the context of a particular agency, place, and time, we will inevitably make assumptions of which we are not aware. As Kipling says so much better below, no matter how precise the formula, everyone will apply it in his/her own way:

> "You can work it out by fractions or by simple Rule of Three,
> But the way of Tweedle-dum is not the way of Tweedle-dee.
> You can twist it, you can turn it, you can plait it till you drop,
> But the way of Pilly Winky's not the way of Winkie Pop."
>
> Rudyard Kipling
> Jungle Book

Literature on Impact Evaluation

In 1976, a survey of the literature found very little on measuring the impact of protective services to children. At that time, surveys of the literature by the General Accounting Office (1976), the Center for Social Welfare Research at the University of Washington (1975) and the Resource Center on Child Abuse and Neglect at the University of Texas at Austin documented the lack of materials in this area.

Most of the literature on program evaluation covers:

- the evaluation of demonstration projects--usually summative evaluations (those which determine whether a program should continue or not)
- psychological evaluation of individuals
- evaluation of broad government policies

All three areas can contribute valuable insights, but must be broadly and carefully adapted to apply to the evaluation of the impact of ongoing programs, especially by evaluators within an agency. (Weiss, 1975; Elsworth, 1975)

Literature on Indices, Scales and Indicators

Authors have discussed the concept of using scales and indices to assess family functioning or movement among social services clients (Gil, 1970; Hunt, 1950; Boehm, 1970), but application of the idea is rare. The Hunt-Kogan Movement Scale was developed as a standardized instrument for caseworkers to use in judging client movement between the opening and closing of a case, but it is seldom used. One drawback of this scale is the subjectivity of a caseworker evaluating his/her own performance.

A research project in Minnesota (Boehm, 1970) used behavioral indicators defined by worker staff to identify the factors of family functioning most significant in a worker's decision to place a neglected child in substitute care or leave the child in his/her home. The indicators identified differences between children who were removed and those who were not, but were not designed to assess the impact of protective services programs.

Literature on Indices, Scales and Indicators Continued

Although very little has been written on measuring impact of protective services and no recognized list of operationally defined indicators of abuse, neglect or sexual abuse exists, there are numerous sources that can be used to obtain indicators. (DeFrancis, 1969; Gil, 1970; Helfer, 1968; Polansky, 1972; Walters, 1975)

However, the indicators found in the literature are usually not operationally defined; that is, the author may not tell you how to distinguish between a child who is "excessively punished" and one who is "sadistically punished", for instance. The fact that authorities do not agree exactly on the characteristics of physical abuse, let alone the less frequently researched areas of neglect and sexual abuse, is not really a problem. Correlations can be made after the data are gathered to determine which indicators are actually associated with abuse, neglect or sexual abuse. The literature is an essential source of the indicators, but evaluators must operationally define each indicator before gathering data and perform correlations to be sure the indicators are valid.

The Meaning of Impact Evaluation

Articles often discuss the "impact" of a program without providing an operational definition of the concept. However, such an understanding is essential before such a measure can be devised. THE "IMPACT" OF A PROGRAM IS THE EFFECT THAT A PROGRAM HAS ON THE CLIENT, BOTH INTENDED AND UNINTENDED.

Impact is a dynamic concept. It occurs over time within the pattern of relationships that characterize an agency, its clientele, the community and society. For this reason the implications of the above definition of impact can best be understood within the context of a model. We borrowed the following model from systems analysis:

inputs - The demands and resources from the environment which enter the agency. Examples: the regulations and budgets of state and federal governments, the policies of other agencies, the demands of contracted providers of services, the opinions of agency staff and clients, and the information obtained from evaluations.

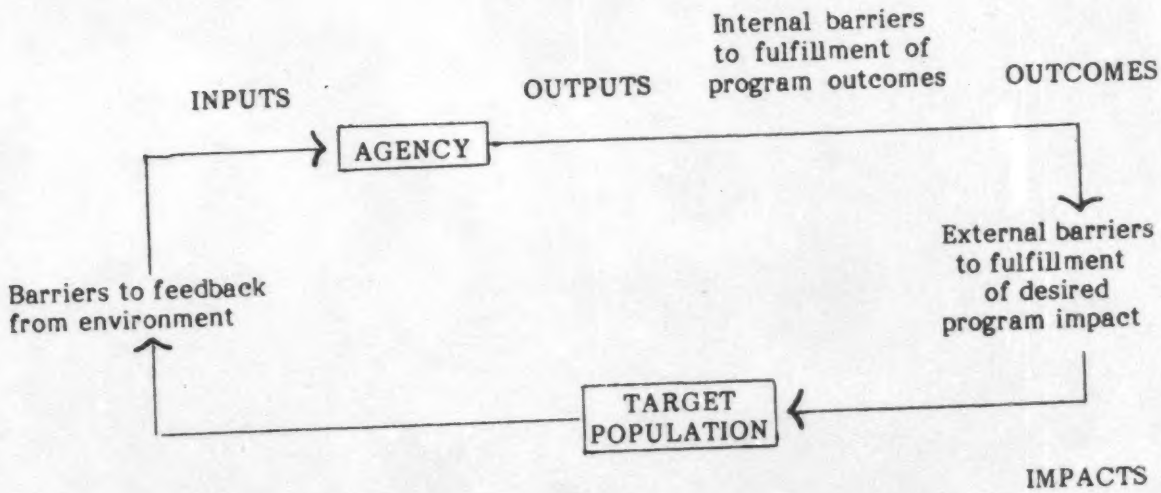
The Meaning of Impact Evaluation Continued

outputs - The authoritative decisions of administrators as implemented by agency staff. Examples: the structure of an agency, policy on type and number of clients served and the actual way in which staff enforce that policy.

outcomes - Changes in the client(s) which can, theoretically at least, be attributed to services; the program's success in meeting its specific objectives.

impacts - All changes in the client's condition, regardless of their causes.

The following chart illustrates the relationships among these elements:



As the chart illustrates, the actual impact of any program can be very different from its intended effect (the output). This may occur because of internal barriers to the fulfillment of program objectives, such as defects in the program design, or faulty implementation, or from external factors in the environment, such as an unenlightened county judge.

The evaluator must be clear about what (s)he intends to evaluate:

The Meaning of Impact Evaluation Continued

- The objectives of a program, which has an intended impact.
- The actual impact of a program, intended or unintended.

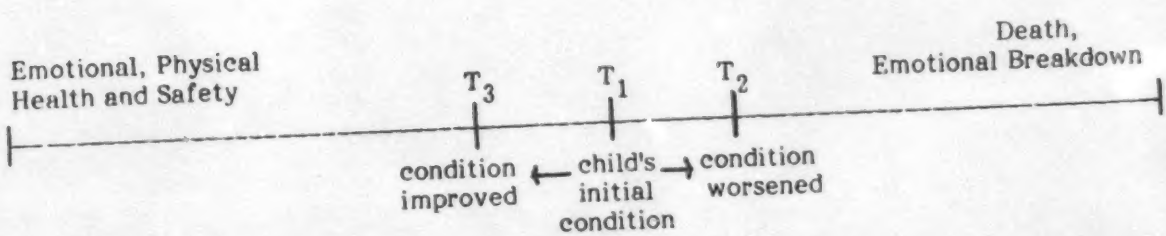
For example, to do the first kind of evaluation of an employment program, an evaluator might monitor the number of people enrolled in a job training program, the number of people completing the program and the number of people employed within a month of completing the program, whereas, an impact evaluation of the same program might measure whether the client's employability is really improved, or whether the client remains employed over time.

We belabor the point because it's easy to think you're measuring impacts when you're actually measuring outputs. Either or both kinds of evaluation may be appropriate, but they should not be confused. Output evaluation may be called for when an administrator needs to know whether his/her program is meeting regulations, for instance, but only an impact evaluation can determine whether children are being protected.

Protection as a Measurable Concept

The concept of protection that underlies the indicator/index approach is one that lends itself to measurement and analysis. We look at the physical and emotional condition of a child as a continuum: a child at one extreme of the continuum is unprotected—(s)he is in imminent danger of death, lasting bodily injury or emotional breakdown. A child at the other end is not threatened by any physical or emotional danger. (S)he is protected.

THE PROTECTION CONTINUUM



Protection as a Measurable Concept Continued

We compare the child's condition at the time (s)he enters the service delivery system (T_1) to some time during or after service delivery (T_2) to determine the impact of services.

This concept of protection has the following advantages:

- it is independent from measures of service delivery, so it picks up changes in the child's condition that are a result of factors other than the services (s)he receives.
- it is quantitative, which allows the evaluator to objectively explore relationships—for example, whether children who are visited frequently are more likely to be protected than children who are not.
- the time element allows the pattern of protection to be plotted and analyzed.

Indicators

An indicator is a variable which measures some aspect of a more complex variable that is not directly measurable. The price of milk is one indicator of inflation. Indicators of variables are used when it is impossible to arrive at any single, wholly unambiguous measure of a social or economic phenomenon. This is particularly true if the hidden variable is a complex one, such as protection. In fact, the hidden variable of protection was so complex and so little understood that we broke it down into 134 different indicators. (Bauer, 1966; Ostrom, 1975)

We initially selected over 140 indicators which might signal the danger of abuse or neglect. The indicators were selected from three sources: protective services professionals, the literature, and PERD staff's own experience in previous studies.

The list of indicators we developed (Appendix 1) has been a data collection instrument in several evaluations of protective services programs within the State of Texas. Each evaluation involved a sample of several hundred out of a universe of thousands of cases representing a wide variety of socio-economic and cultural contexts. Based on the experience of the team after each study, indicators were deleted or

Indicators Continued

added or better defined to make them easier to identify and count. For example, the indicator "rat bites" was eliminated simply because it never occurred in any of our studies, although it had been mentioned in the literature as an indicator of neglect.

Indices and Scales

The terms "index" and "scale" are often used imprecisely and interchangeably in social science research literature. We are going to distinguish them here for the sake of clarity. Both are cumulative measures. An index score is simply the addition of the values assigned to each indicator in the index, and has only a relative meaning; that is, it only makes sense when compared to other scores. A scale score is an averaging of indicator scores, and does have an absolute meaning--and each score has a label.

The following examples may clarify this distinction:

I. A Cost of Living Index

milk	$ .60 @ quart
gas	.50 @ gallon
housing	8.00 @ square ft.
etc.	
Total Score	$200.00

The total score has no intrinsic meaning. Comparisons with scores from past time periods lend it meaning, which is usually expressed as a rate of change: "The cost of living increased 1.2% this month."

II. A Cost of Living Scale

	strong agree 1	agree 2	3	disagree 4	strongly disagree 5
milk costs too much	1				
gas costs too much		2			
housing costs too much		2			
------etc.					

Average Score = 2 (agree)

This score has intrinsic meaning: "Most people agree that the cost of living is too high."

Indices and Scales Continued

Outside of Mother Nature, scales are very rare. Light or heat may scale nicely on light meters or thermometers, but social phenomena are not that cooperative. They usually have to be scaled by attitudes, if at all. The physical indicators of abuse or neglect lend themselves to scaling. (Example: "punishment" can be scaled from excessive to bizarre with operational definitions for each level). But the social and behavioral indicators do not readily scale, so we constructed an index rather than a scale. Thus on our abuse index, a child's score at the time (s)he enters service can be compared with later scores to determine whether (s)he is more or less protected, yet no individual score has intrinsic meaning. However, if more data were systematically collected, another effort to scale the index would be worthwhile.

Advantages of Indices and Scales

As cumulative measures both indices and scales have several advantages over using any single indicator or cluster of indicators. Indices and scales:

1) reduce data to summary scores
2) rank order individuals from high to low
3) retain a spectrum of finer categories
4) cancel out the peculiarities of a single item

An index or a scale provides a score, one overall estimate of a single child's protection or an average for many children. One summary score is easier to comprehend and to use in comparisons than the individual values for 134 indicators.

Second, indices or scales rank children from the most protected to the least protected children. The types of services given to groups of children at either end of the spectrum can be compared. The frequency of protection scores can be studied to see whether they are evenly distributed or form clusters; that is, whether all the children seem to have about the same level of protection. The scores can be plotted against other variables, such as the number of contacts the agency had with the family, to see whether, for example, the number of contacts increased when the child had more problems.

Third, the indices or scales can be broken down into subcategories. These can be used to identify, for instance, severely physically abused children and determine the types of services they receive.

Advantages of Indices and Scales Continued

Fourth, less appropriate indicators included in an index or scale will be cancelled out by the others that are valid. This is particularly important in light of the still tentative nature of the research on child abuse and neglect. Despite the fact that the indicators are included in the index only if they correlate with the physical indicators of abuse and neglect, some indicators are going to be better indicators than others. The weakness of any single indicator will be cancelled out by the strength of the others. Moreover, the peculiarities of any single indicator will be cancelled out by the peculiarities of the others. Perhaps in one area, the lack of doctors means that there will be few medically diagnosed injuries, but the danger to the child will be picked up in the observable external injury indicators and the other physical, social and behavioral indicators. (Babbie, 1973)

Limitations

No index or scale will ever perfectly mirror any attribute. A list of spelling words would tend to measure spelling ability, but perfect measurement would be available only if children were administered a spelling test containing all the words in a language. Completely reliable measures of a variable are called "true scores," and approximations to true scores obtained from an index are called "fallible scores." We can never know what the true score is, but we can approximate it by the use of indicators. What we do try to do is to make the score as true as possible and the index as convenient and concise as possible. This means that an index needs to be refined. An index must be tested and retested to be sure the best indicators and procedures are used. The list of indicators should be shortened to a minimum so that the maximum amount of information is obtained with the minimum amount of data collection costs. A variety of indices may need to be developed to measure different aspects of abuse, depending on the purpose for which the user wants the index.

The familiar cost of living index did not appear full blown after the efforts of one economist. It took many years of application to numerous situations to develop a set of cost of living indices that economists could use with confidence. The same is true of the index of unemployment, of inflation, or of the protection of children. We have started a process, not finished it.

HOW TO DESIGN AN INDICATOR/INDEX EVALUATION

A multitude of decisions must be made early in the planning of an evaluation. The most common decisions, choices and their implications are outlined below.

Purposes

One of the first choices the user must make is what is the purpose of the evaluation. Are you interested only in the impact of your program—that is, to what degree children are protected? Do you also want to know what variables encourage protection? The indicator/index approach gives information about the impact of services on the condition of the child, which may be all you need if, for example, you are trying to determine whether a protective services program should be re-funded. But if you want information for management and program improvement, you must look at the service delivery process also, to determine how service delivery affects impact. You need to identify those aspects of service delivery you want to look at, and develop an instrument to capture information about them. For instance, if you want to know whether MSW workers are more likely to protect children than BA level workers, you need to gather information about the educational background of each worker in the study. (See Appendix 6 for examples of program variables that can be used with the Indicator/Index Approach.)

If your main purpose is to make workers more aware of the indicators of abuse, neglect and sexual abuse, or to help in diagnosing individual cases rather than program evaluation, you may want to train workers to record the presence or absence of indicators as they work each case rather than having evaluators outside the program gather the data. These instruments can be analyzed for the purpose of program evaluation, but the findings will not inspire as much confidence because objectivity is compromised. The diagnostic uses of the approach are discussed in the section on applications.

Breakdowns

Another decision is how you want to break down your data. Are you interested only in program-wide information? Do you also want to compare specialized units, functions or geographical areas (i.e., urban vs. rural, or an intake unit vs. an ongoing unit providing services to children in intact families)? The more breakdowns you have, the larger your sample will need to be.

Case/family or Individual Child

Do you want to collect data on the family or the individual? Because one child in a sibling group is often singled out for abuse or neglect, we chose to gather information on each child in a family so that the impact of services on these children could be separated from that of other children in the family. On the other hand, many characteristics of the family situation (family income, for example) affect all siblings equally, and many services are directed toward the entire family (family counseling). Thus, you may want to collect some information about individual children and some about the case or family as a whole.

Open and/or Closed Cases

Do you want to include open or closed cases in your sample? It can be argued that it is unfair to include open cases in an evaluation because service delivery is incomplete. On the other hand, many cases an agency handles may not be closed for months or years, and excluding them would give an inaccurate picture of impact. One solution is to include in the population all cases that were open any time during a certain time period—for instance, all cases that were open any time during June, July or August, 1978.

Time Periods

What time periods should the sample cover? Every measure of impact must have at least one "before" score (T_1) and one "after" score (T_2); the definition of these points depends on your needs. Your plans for analysis of different phases of service delivery, the structure of your program, or the regulations under which you operate may influence your decision. More than two time periods can be used to allow fuller plotting of the pattern of protection. We have commonly defined T_1 as the point at which the referral or complaint was accepted for services, and T_2 as a point six months later or the point of case closure. (Campbell, 1966)

Sampling

What kind of cases and how many should be included in your sample? Many books (some of which are included in the Bibliography) have been written on the subject of sampling. (U.S. Bureau of the Census, 1968; Babbie, 1978; Parten, 1966) You will need more information than our broad comments here to assure an adequate sample.

Sampling
Continued

You have already decided whether your sample should represent:

- individual children and/or cases.
- only the whole program, or also specialized functions, units or geographical areas within the program.
- open and/or closed cases.
- what time periods.

We emphasize: the more you break down the data, the larger sample you will need to ensure that each part you wish to analyze is adequately represented. For example, if you wish to compare the impact of protective services programs in three different counties, you will probably need a sample three times as large as the sample needed if the three counties are lumped together.

Method of Data Collection

How will you collect your data? Possible sources of data on the presence or absence of indicators are:

- case records.
- worker interviews.
- a monitoring system.

We have used case records for the following reasons:

- the availability of a written document covering the entire period of a case.
- the brevity of case reading as opposed to interviews.
- the necessity of minimizing interference with service delivery in ongoing programs.

However, the quality of the data from case records depends on the presence and quality of contact recording; that is, a worker's consistent recording of the date, type and purpose of each contact, and his/her observations of the client child's condition.

When good contact recording is lacking, worker interviews can supplement or replace case records as a source of information. Interviews present an opportunity to probe for indicators that were not recorded, but they are time-consuming for both workers and evaluators, and they are limited by the accuracy of the worker's memory. Studies of interviews show that they are the worst source for historical information

Method of Data Collection Continued

because distortions in perception increase over time (Olson, 1976). Also, an individual case may have had several workers, some of whom may not be available for interviews. The most efficient and accurate way to collect information from worker interviews is to convert the instrument into a questionnaire by adding instructions and having an evaluator available to answer questions as the worker completes the instrument.

Evaluators can ask workers assigned the case to monitor changes in the child's condition as the case progresses by recording the presence or absence of indicators as they work the case. However, this requires staff time and training, and, as discussed previously, is more appropriate for purposes of worker training, or as a supervisory or diagnostic tool than for purposes of evaluation. Although the objectivity of workers completing the instruments can be questioned, this method would probably capture some indicators that workers neglected to record in the case record, or did not remember when interviewed. This method would be appropriate if there are not staff available to collect the data. However, if your main purpose is program evaluation, use case records and/or worker interviews if resources permit.

Using Our Instrument/Index or Constructing Your Own

Should you use our instrument/index or construct your own? The indicators we developed were tested several times with populations of children receiving protective services within the state of Texas. The social and behavioral indicators for abuse, neglect and sexual abuse correlate positively with the physical indicators. If you have reason to believe that the child population you wish to evaluate is significantly different enough from ours that you doubt that these correlations would hold true, you may want to test the index formulas on your own data. If you want to add indicators you feel would correlate closely with abuse, neglect or sexual abuse, or to streamline the index by deleting some indicators that duplicate information provided by others, you will need to construct your own index. Please refer to the section entitled "Constructing A New Index." Otherwise you can merely apply the existing indices.

TRAINING EVALUATORS AND PRETESTING THE RESEARCH DESIGN

Whether you use our indicators or develop your own, evaluators need to be trained to gather and interpret the data in a uniform manner. Otherwise they may collect different data, but call it the same thing, resulting in useless, noncomparable information.

Operational Definitions

It's amazing how many different ways different evaluators can interpret the same indicator! The first step in training evaluators for reliability is to develop clear operational definitions of indicators and train workers to use them. An operational definition of an indicator is one that allows the evaluator to recognize the indicator when (s)he sees it in a case record, hears about it from a caseworker or observes it in a situation. In other words, it tells the evaluator when to count and when not to count something as an indicator. The list of indicators we used and their operational definitions appear in Appendix 2.

Training on the Same Cases

No matter how clearly the indicators are defined, evaluators will have to make judgments and interpretations when confronted with real cases in the field. For instance, one evaluator will classify whipping with the cord of an iron as "Excessive punishment," whereas another will classify it as "Inappropriate punishment," and yet another will consider it "Bizarre punishment." Training on the same real cases as a group, resolving differences and recording agreements will help evaluators collect more valid, reliable data.

Evaluators should train in small groups immediately before the pretest or data collection if possible, so that the training will still be fresh when the data are collected. Real cases that reflect the variety of problems and situations typical of cases in the field should be used. Evaluators should read copies of the same case, filling out the instrument and then comparing their codings indicator by indicator to identify discrepancies and resolve differences. Once the differences are resolved, they should be recorded in a manual along with the operational definitions and procedures, so that evaluators can refer to them while gathering data. Often an evaluator will remember that a problem with coding was discussed during training, but cannot remember the final decision.

Training on the Same Cases Continued

Similar procedures need to be used with interviews or questionnaires to ensure that the evaluators are interpreting the questions in the same way. Role playing interviews is one way to approach consistency.

Inter-Rater Reliability Measure

The same indicators can be correlated across the same cases using Pearson's *r* and then averaged to obtain a coefficient of inter-rater reliability--a measure of reliability among different coders. If everyone codes the same indicator in the same way, or all of the indicators in the same way, the Pearson's *r* coefficient will be perfect (+1.0). Allowing for human error and unusual cases, a +.85 to a +.90 would be acceptable. If the rating on any indicator is less than that, more training is needed on that indicator. If the average rating is less than +.85, more training is needed on the whole instrument before it is used. There is no point in collecting questionable data.

Pretesting

A research design and instruments need to be pretested before they are adopted for data collection. Because we developed the indicator/index approach in a particular environment, you will need to pretest our instruments and design to identify any adjustments needed to make them fit your setting or population. Of course, if you develop your own indicators, you will need to pretest them.

A pretest is exactly that: the evaluators who are to use the instrument go into the field to test the sampling, units of analysis, program variables chosen--in short, the whole research design--to see whether it will work in practice. The sample for the pretest can be as small as you feel comfortable with, and should include the kinds of situations you will find when you collect the data, but not the same cases or workers in your data collection sample. The pretest is done after the planning has been completed and the training given. In light of the results of the pretest, revisions are made and additional training provided if necessary.

Coding the Data Collection Instrument

The list of indicators we use as a data collection instrument appears in Appendix 1. In order to establish the presence of the indicators, the trained evaluators read the entire case record, including the worker's narrative recording, the psychological evaluations, medical reports, court reports and correspondence. The evaluator accepts anything within the case record that gives information on the nature of the child's and family's problems, with one exception: the initial allegation is not included as a valid source of information unless it is later confirmed by other sources. The assumption is that information provided by a social worker, doctor, psychologist or other professional, or confirmed by neighbors or relatives, is more objective and/or complete than the initial report.

Any mention of the indicators in the case record (except for the unconfirmed initial complaint) should be noted with a one (1). If the indicator is mentioned at T_1, it is recorded in column one. If it is still present at T_2 (or T_3 or T_4, etc.), again enter a 1 in the T_2 column. If it is mentioned that the problem has improved, cleared up, gone away or been resolved, enter a zero (0) in the column labeled "Improved." If it is not mentioned at all, leave the box blank.

Notice that the indicators are grouped into general categories so they will be easier to find. However, they are not grouped into the abuse, neglect or sexual abuse indices because this might prejudice your coding; i.e., if you have labeled a child as physically abused, it would be too easy to just go down that part of the list of indicators and ignore the rest. As you read the record, you will probably need to move from one page to another on the list of indicators. Explanatory definitions and examples are provided in Appendix 2.

Computation of the Abuse, Neglect and Sexual Abuse Scores at T_1, T_2, etc.

The formulas for computing the abuse, neglect and sexual abuse scores at each time period are presented in Appendices 3, 4 and 5. The formulas are very simple: to get the abuse score for a child at T_1, simply add the 59 abuse indicators in the T_1 column. This is the child's score at the time (s)he entered services. Adding the same 59 abuse indicators in the

Computation of the Abuse, Neglect and Sexual Abuse Scores at T_1, T_2, etc. Continued

T_2 column gives the child's score at a later period, after (s)he had received services. Subtract the score at T_2 from the T_1 score: this gives the child's protection score--the indicators of abuse (s)he lost after receiving services. The same procedure is used for the 56 indicators in the neglect index and the eight indicators in the sexual abuse index.

Thus, each child will have three scores for each time period calculated (an abuse, neglect and sexual abuse score for T_1, T_2, etc.), and at least three protection scores (the abuse score at T_1, the abuse score at T_2, etc.). Adding time periods, T_3, T_4, etc., expands the number of preliminary scores and protection scores. The table below illustrates the relationship among indicators, index scores and protection scores for each child.

SCORES FOR EACH CHILD

INDEX SCORES

1. abuse index score at T_1 = sum of 59 abuse indicators for T_1
2. abuse index score at T_2 = sum of 59 abuse indicators for T_2
3. neglect index score at T_1 = sum of 56 neglect indicators for T_1
4. neglect index score at T_2 = sum of 56 neglect indicators for T_2
5. sexual abuse index score at T_1 = sum of 8 sexual abuse indicators for T_1
6. sexual abuse index score at T_2 = sum of 8 sexual abuse indicators for T_2

PROTECTION SCORES

1. abuse protection score = T_1 abuse index score - T_2 abuse index score
2. neglect protection score = T_1 neglect index score - T_2 neglect index score
3. sexual abuse protection score = T_1 sexual abuse index score - T_2 sexual abuse index score

Computation of the Program's Protection Scores for the Three Indices

The next step is to add the individual scores of the children, then divide by the number of children to obtain an average protection score for each index. Since this score represents the number of indicators still present after services have been delivered, the lower the score, the better. The average protection scores of the abuse, sexual abuse and neglect indices can be compared to determine differences in impact by problem. The specific problems that are reduced and those which are least affected can be identified; for example, one can determine whether "Observable External Injuries" have occurred after Intake.

If information about the service delivery process was gathered, correlations can be done to determine what factors encourage protection; for example, if the number of visits made to the child is correlated with protection, administrators would know to emphasize frequent visits. Similarly, specialized functions can be compared; for instance, the impact of a unit working with neglected children in their own homes can be compared with that of a unit working with abused children. This kind of information enables administrators to make informed decisions about agency structure, need for training or changes in policy.

As you can see in the formulas, the indicators have been grouped into items, such as "medically diagnosed injuries," in the abuse index. This is solely for convenience in analysis; that is, these are logical groupings that were often more convenient to discuss than each of the 59 indicators on the abuse index or a single overall score. There is nothing sacred about these items. They are just based on groupings that made common sense to us.

A further refinement of the existing index would be the factor analysis of the indicators to cluster them into items that have statistical significance. This is a common procedure in the construction of indices. Unfortunately, we have not reached that stage.

The items themselves are simply subtotals of the overall index scores at T_1, etc. or of protection scores. Although the overall index or protection scores present a more overall assessment of a child's condition, sometimes the user will want to trace certain aspects of that condition, like the continued presence of

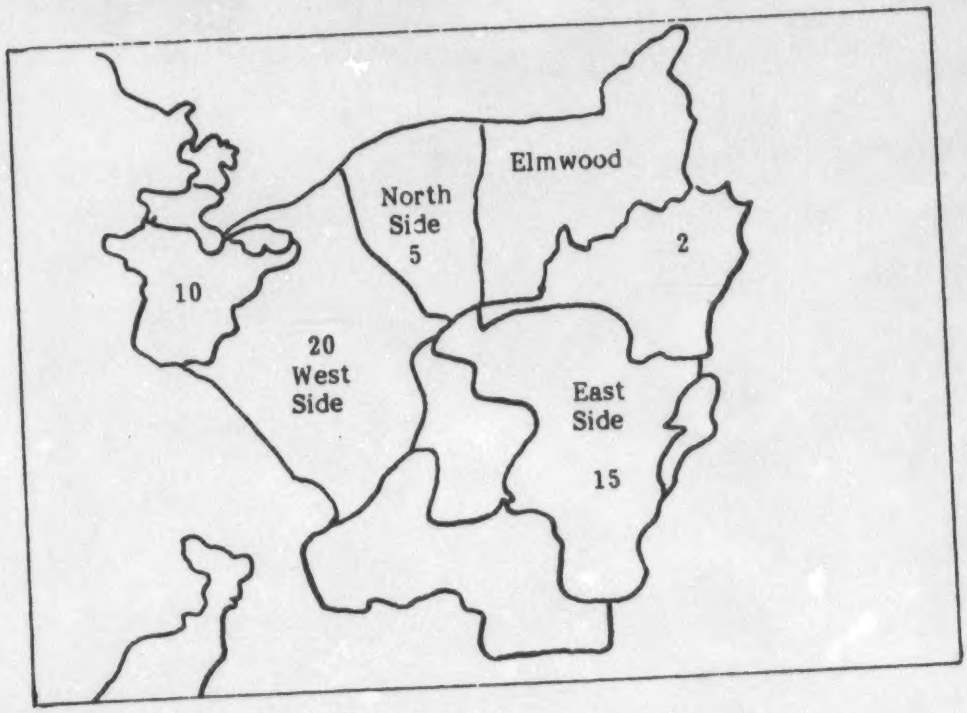
Computation of the Program's Protection Scores for the Three Indices Continued	"medically diagnosed injuries" in children after they have received services. The user of the indices can regroup the indicators into items more appropriate to his/her own concerns if he wishes.
Interpreting Scores	Any child, no matter how well protected, is likely to have one or two indicators at T_1 on the abuse or neglect index; but the more indicators a child has, the more likely it is that he is in fact an unprotected child. In other words, his score on an index presents a more valid picture of the child's condition than can be inferred from the presence or absence of any single indicator. Conversely, no child is going to have every one of the indicators on the abuse index or the neglect index. What child is going to have a mentally ill, alcoholic, drug abusing, ex-convict, unemployed, etc., parent who has simultaneously inflicted skull fractures, internal injuries, previously healing scars, malnutrition, excessive, bizarre and sadistic punishment, etc.? This means that most abused or neglected children should be expected to have a score well below the maximum conceivable score of 59 for the abuse index and 56 for the neglect index. The maximum conceivable scores are listed for the items and indices in the tables at the end of this section. For the reasons explained above, in all likelihood the average score is likely to be low, especially if all of the children in a family are included in the analysis, whether they are the child(ren) reported as abused or neglected or not. If the average scores are low enough, like a .3 or a .03, the user may want to multiply the score by 10 or 100 to get rid of the decimals. What is important is not the absolute value, but the relative value of the scores. The user may also want to convert the scores to a 10 point index for ease of understanding. The user may find that the highest score any child in his studies received is a 30 on the abuse index and a 29 in the neglect index. He could then convert the scores to a 10 point index by setting 30 = 10, 29 = 10 on the respective indices and adjusting the values.

Interpreting Scores Continued	The comments made above about removing decimals also apply to the protection scores. The user may likewise want to convert the scores to a 10 point index. The protection scores simply tell the user how many problems still remain after the child has received services; that is, how close to danger, how unprotected he still remains. These scores are going to be very low because they consist of subtracting T_2 from T_1.
Presenting the Data	Following are examples of how the data from the index scores and protection scores can be presented. The tables, graphs and charts are simplified for the sake of space.

ABBREVIATED ILLUSTRATIONS OF HOW TO PRESENT DATA

1. Map

Map of abuse scores at T_1 in various census tracts, neighborhoods, or counties, which can be compared with unemployment, ethnicity and other environmental factors.



Abuse Protection Scores in Different Neighborhoods of a City

(The same format could be used for scores at T_2, protection scores on the neglect or abuse indices.)

2. Table of Frequencies at T_1 and T_2

Presence and Improvement of Abuse and Neglect Indicators at time of Case Closure and at time of Case Opening and at the time of Case Reading

Indicators of Abuse and Neglect	Intake/Investigation Stage		Now	
	Present	Improved	Present	Improved
Medically Diagnosed Injuries				
1. Skin Damage	17			8
2. Bone Fracture(s)	3		1	3
3. Skull Fracture	1			
4. Previous Fracture	3			3
5. Internal Injury				
6. Healing Injury	5			2
7. Old Scars	12		5	4
.	.	.	.	.
.	.	.	.	.
.	.	.	.	.
.	.	.	.	.
.	.	.	.	.
133. Child is Pregnant	2	1	1	1

3. Table of Distribution of Frequencies Among Items

Percent of Children Having One or More Indicators in Each Item on Neglect Index at Intake (T_1)

	County A	County B
Poor Medical Care	26%	23%
Lack of Physical Necessities	56%	64%
Lack of Supervision	57%	16%
Family Problems	66%	78%
Parent Problems	53%	64%

(The same format could be used for scores at T_2 or protection scores on the Neglect and Abuse Indices.)

4. Table of Distribution of Scores

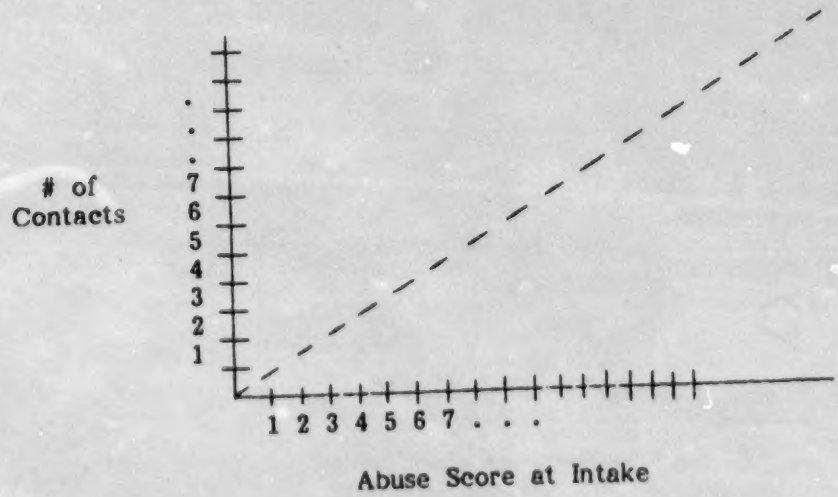
Frequency of Abuse and Neglect Scores at Intake (T_2)

Score	Neglect		Abuse	
	#	%	#	%
1	45	15	56	22
2	52	18	40	16
3	32	11	28	11
4	28	16	31	13
5	29	10	22	9
6-10	51	18	50	20
11-15	37	13	13	5
16-20	11	4	8	3
21-26	3	1	3	1
Total	288	100%	251	100%

(The same format could be used for scores at T_2 or protection scores.)

5. Graph of Service Delivery Contacts by Scores

Graph of Number of Contacts of Worker with Child and Score on Abuse Index at Intake (T_1)



(The same format could be used for scores at T_2 or protection scores on the neglect or abuse indices. A statistical formula could be used to draw a regression line among the scores. The graph above shows a linear relationship between the abuse score and the number of contacts. The more problems a child has the more contacts the worker is likely to make, in fact for every additional indicator one more contact is made. This type of graph can also be used with the number of contacts with the family or foster child, the number of home visits with child, family or foster child, or the number of counseling visits. [See the program variable section for other variables.])

CONSTRUCTING A NEW INDEX

As mentioned before, there are several reasons why the user may wish to construct new indices of abuse, neglect and sexual abuse: (1) he may want to test the index formulas on his own data, (2) he may want to add indicators that he feels would correlate closely with abuse, neglect or sexual abuse, (3) he may wish to streamline the index, to delete some indicators that duplicate the information provided by others.

Adding Indicators

We initially selected our indicators on the best guesses of what variables were related to danger to the child; guesses made in the literature by professionals, guesses made by professionals at our agency, guesses made by PERD staff on the basis of past studies. Some of the indicators seemed obviously related to physical and emotional danger, such as the indicators relating to "medically diagnosed injuries"; some of the indicators were more tenuously related to physical and emotional danger, such as "parent perceives of child as undesirably different" or "parent mentally ill."

A user may add any variable that (s)he feels is associated with physical or emotional danger to a child, but that new indicator must then be tested to see how, if in fact, it is systematically associated with cases of physical or emotional injury. This is done by correlating behavioral or social indicators with the physical indicators on each index. If an indicator does not correlate, it should not be included in the index.

Deleting Indicators

You may want a shorter list of indicators to save staff time, you may feel that some of the indicators are measuring the same thing and need to be collapsed, or you may feel that some indicators occur too infrequently to be included in the list. As explained earlier, a good index should be as brief as possible and yet continue to reflect the complex variable it measures - protection.

However, we found all of the variables now included in the formulas for abuse and neglect indices to be significantly correlated with the physical indicators of abuse or neglect. The removal of any indicators would need to be tested to see if the indices continue to have the same explanatory power. In other words, if you used the old indices and the new shortened indices on the same set of cases, would you continue to catch the same, more or fewer indicators of abuse and neglect? How does the nature change in the cases that have

Deleting Indicators Continued

indicators? As mentioned before in the section on Indices, you may want to have several indices for different purposes.

Constructing the Index

The first step in constructing the index is to look at a frequency count of the indicators to get a feel for the data. There is no point in going through the rest of the process if you can tell that somewhere along the line your data have been rendered useless; for example, the sample size was too small and the counts are too low.

Next, determine which indicators did not occur in the study. As a matter of convenience, remove those indicators that had a frequency of 0.

Then, using a computer, correlate the indicators present at the time the child first enters the child welfare agency to determine which indicators belong in the abuse, the neglect or the sexual abuse indices. You use T_1 because that is the period with the highest frequency of indicators. Most children would be expected to have fewer indicators of danger after receiving services, if only because children in most severe danger may have been removed from their own homes.

The physical indicators for abuse are the 14 indicators listed under the category of "Medically Diagnosed Injuries," the six indicators under the category of "Observable External Injuries," "Excessive Punishment," "Inappropriate Punishment," "Bizarre Punishment," and "Other Abused Siblings in the Family." The physical indicators for neglect are the seven indicators listed under the category of "Poor Medical Care," the five indicators under the category of "Lack of Physical Necessities," "Excessive Punishment," "Lack of Regular Supervision for Many Extended Periods," and "Whereabouts of Caretaker Unknown." The physical indicators for sexual abuse are "Perpetrator Initiates Sexual Petting/Fondling," "Perpetrator Initiates Sexual Intercourse," and "Other Instances of Sexual Abuse in Family."

The physical indicators of abuse, neglect and sexual abuse are correlated with each other to be sure that they constitute separate phenomena in reality as well as in theory. What you want to find is no correlation (.0) or close to it (-.25 to +.25) among the three groups of physical indicators.

Constructing the Index
Continued

In our experience, the 24 physical indicators of abuse, the 18 physical indicators for neglect, and the 4 physical indicators for sexual abuse have in fact constituted independent phenomena and have not been significantly correlated with each other. Children who have physical indicators of abuse usually did not have physical indicators of neglect or sexual abuse and vice versa. The notable exception to this rule is the indicator of "Excessive Punishment"--the overspanking of a child which leaves bruises. This indicator correlates with both the physical indicators of abuse and those of neglect.

However, even with the large samples of cases in our studies, cases of sexual abuse were so rare that we were not always able to perform correlations on the physical indicators for sexual abuse. Therefore, we are not as certain that they are a separate phenomenon. The cases that we have collected seem to be distinct but are too few in number to safely generalize about.

The physical indicators for abuse, neglect and sexual abuse are then each correlated with the remaining behavioral and social indicators to construct the three indices. Include any indicator in the index if its correlation coefficient is +.5 or above.

Most behavioral and social indicators were correlated with both the physical indicators of abuse and those of neglect:

(1) parent has unrealistic expectations for development stage
(2) parent believes child got what deserved
(3) parent feels no guilt for physical or emotional injury
(4) parent is unable to control child
(5) parent does not recognize child's needs
(6) spouse passively consents to abusive parent
(7) parent uses child for marital fighting
(8) parent won't change behavior toward child
(9) parent acts impulsively or irresponsibly
(10) parent would not accept help
(11) parent is hostile
(12) parent displays lack of consistent behavior
(13) parent manipulative
(14) parent does not accept severity of family problem

Constructing the Index
Continued

(15) parent gives poor explanation of situation to worker
(16) parent abused or neglected as child
(17) parent abuses alcohol
(18) parent has no routine in home
(19) parent has chronic marital problems
(20) parent separated or divorced
(21) unstable family composition
(22) breadwinner unemployed
(23) parent has dysfunctional employment patterns
(24) parent provides unstable home environment
(25) child has inappropriate behavior for age or role
(26) child is mentally retarded

This means that 68% of the behavioral and social indicators on the neglect index and 74% of those on the abuse index are the same on the two indices. The physical indicators of abuse and neglect are not correlated with each other but are correlated with many of the same behavioral and social indicators. So if a researcher or a social worker is looking at a child who has many behavioral and social indicators, he will know that the child is likely to be abused or neglected but he won't know which category to put him in.

Ideally, the researcher likes to construct indices that are completely distinct from each other, each index measuring a separate aspect of reality. However, this was not possible for us, either because behaviorally and socially, abuse and neglect are very similar, or because we haven't yet found the indicators that will distinguish them.

We have used Pearson's r for our correlations. This may surprise those who have been taught to think of this as an interval level statistic and who would correctly classify the values on each indicator as nominal: the indicator is (1) present or (0) absent. Nonetheless, dichotomies are a special case in statistics on an obstensibly nominal level variable.

> A dichotomy is a variable with only two possible categories or values, such as sex (male or female) . . . Yet, any dichotomy can be treated as though it were an interval-level measure and in some cases even a ratio-level variable.
>
> Although a rank order may not be inherent in the category definitions, either arrangement of the categories satisfies the mathematical requirements

Constructing the Index
Continued

of ordering. (It does not matter which end of the ranking is considered "high" and which is "low.") The requirement of a distance measure based on equal sized intervals is also satisfied because there is only one interval naturally equal to itself. Consequently, a dichotomy can be treated as either a nominal, ordinal, or interval-level measure, depending on the research situation. (Nie, 1975)

Because more information about relationships is available at the interval level (significance, degree, and direction of relationships), placing the indicators on the interval level has the most advantages. To obtain the correlation statistics, a computer should be programmed to perform a Pearson's r on all of the indicators with all of the indicators. This should be reported in the form of an easy-to-read correlation matrix.

Those indicators that have a low frequency, say 5 or less, should be analyzed through tables rather than correlation matrices. From these tables, the user can determine if that small number of indicators occurred only with physical indicators of abuse or only with those of neglect.

The example tables below briefly illustrate this type of analysis. In this example study, only five children had "parent would not accept help." However, even though the frequency was very low, almost all instances occurred when physical indicators of abuse were present, "bruises" and "healing injury." If this pattern held across all the physical indicators, then the indicator should be included in the index.

Parent Would Not Accept Help		Bruises: Present	Bruises: Absent
	Present	5	0
	Absent	0	0

Parent Would Not Accept Help		Healing Injury: Present	Healing Injury: Absent
	Present	4	0
	Absent	0	1

Constructing the Index
Continued

Tables can also be used to analyze patterns among the indicators when the computer and Pearson's r are not available. However, massive tables of all the indicators with all the indicators are time consuming to construct by hand and difficult to read and interpret. For this reason, if you have no access to a computer, it would be better to simply apply the indices as they exist and not attempt to devise new ones.

Program Evaluation

Several applications of this approach to program evaluation have been discussed in previous sections, particularly in the chapter entitled "USING THE EXISTING INDICES." We will briefly discuss some other applications we've used in program evaluation.

We examined the frequency distributions of the indicators and collapsed items to discover what specific indicators occur more frequently in our sample cases. For example, we were surprised at the paucity of many of the physical indicators of abuse, such as "doctor diagnosed internal injuries."

Our program evaluations include a detailed description of the services delivered in each case, such as the amount of counseling, monitoring, and concrete services provided, and the frequency of worker-client contacts. We compared the type and extent of these services given in each case to the child's overall score on the Protection Index to see if children with more problems were receiving different types and amounts of services from those with lower overall scores. In addition, we broke down the Index further in a variety of ways to identify, for example, severely abused children and then described the types of services given to those children specifically.

By comparing the child's score before placement and after, we can determine whether placement results in less danger to the child, as we expect. We caution, however, that reducing the danger to the child is only one consideration in the decision for placement; thus, this comparison cannot tell us whether the placement was appropriate. We can also answer the question of whether children with the most severe problems are being placed, and detect differences in children who went into substitute care and those who remained at home. To illustrate, children whose parents tried to work with the caseworker to solve the problems might stay at home even though their scores on Physical Neglect were slightly worse than placed children whose parents were resistant to casework. Such a finding can have policy implications, such as the need to develop and communicate a consistent policy on the removal and placement of neglected children.

Program Evaluation Continued

Variation in the scores at T_1 over time may identify certain seasons of the year when there are likely to be problems. For instance, we found that physical abuse often rises sharply during December and the summer months, times of the year when children are home from school. On the basis of such information, preventive programs can be planned, staff can be prepared for more investigations, and additional foster homes can be recruited.

The key application of this approach for program evaluation is, of course, to determine whether overall, there had been any change (impact) in the child's condition after receiving services.

Diagnostic Uses

We have not used the list of indicators as a tool for individual case diagnosis, but we think it could be a helpful tool to decide whether the child needs protective services, to prove a case in the courtroom, to assess the family's progress and evaluate the service plan, to decide whether removal is needed or to justify the continuation or termination of services. The indicators offer a brief way to systematically document problems and changes. They should not replace professional judgment, but should be an aid to it.

Indicators specific to a particular geographical location could be added. Thus, if lack of running water is considered neglectful in some areas, it could be added to the list of neglect indicators. If the community does not consider inadequate clothing to be associated with neglect, this indicator would be excluded.

Many workers have had cases in which they felt the child was in serious danger, but could not pinpoint reasons for their concern. The indicators could help workers clarify their own thoughts and concerns about a case because they offer a systematic way of thinking through the case situation.

Uses in Supervision

It is not uncommon to read a case record in which a worker describes a situation very clearly, yet fails to see the danger in it, or to act upon it to protect the child. The List of Indicators could help the supervisor help the worker develop a systematic, objective view of the case situation.

Uses in Supervision
Continued

If the worker is completing the list of Indicators, the Supervisor can compare the Indicator List with the case narrative or with what the worker says about the case, to determine whether the worker is actually seeing what (s)he is describing. Or the Supervisor can fill out the Indicators much as an evaluator would, and use them to help the worker see the problems (s)he may be denying or overlooking.

The Supervisor can analyze Indicator Lists kept by a worker over time to spot the worker's strengths or weaknesses in identifying or dealing with specific problems. This could be valuable in determining whether a worker or a whole unit needs training in specific areas.

If the Supervisor finds that certain problems are consistently not eliminated because of lack of resources, (s)he has documentary evidence to justify developing that resource.

The List could be helpful in training new workers, much as evaluators are trained, to recognize neglect and abuse. The list could also serve as a guideline for what should be included in dictation.

Appendix 1

Data Collection Instrument

INDICATORS OF ABUSE & NEGLECT	INTAKE/ INVESTIGATION STAGE		NOW	
	PRESENT	IMPROVED	PRESENT	IMPROVED
MEDICALLY DIAGNOSED INJURIES - Verified By A Physician Or Nurse				
1. Skin Damage				
2. Bone Fracture(s) (Not Skull)				
3. Skull Fracture				
4. Previous Fracture				
5. Internal Injury				
6. Healing Injury				
7. Old Scars				
8. Sprains Or Dislocation				
9. Dismemberment				
10. Brain Damage				
11. Subdural Hemorrhage or Hematoma				
12. Malnutrition				
13. Failure To Thrive				
14. Hospitalization Required				
OBSERVABLE EXTERNAL INJURIES - Seen by Worker or Reliable Collateral				
15. Burns				
16. Welts				
17. Wounds				
18. Bruises				
19. Malnutrition or Underdeveloped for Age Group				
20. Injuries Located in More Than One Place on the Body				
LACK OF MEDICAL CARE				
21. Untreated Cuts or Sores				
22. Untreated Illness				

Appendix 1
Continued

INDICATORS OF ABUSE & NEGLECT	INTAKE/ INVESTIGATION STAGE		NOW	
	PRESENT	IMPROVED	PRESENT	IMPROVED
LACK OF MEDICAL CARE (CONT'D)				
23. No Preventive Medical Care				
24. No Immunizations				
POOR HYGIENE OF CHILD				
25. Dirty Child, Clothes				
26. Parasites On Child				
27. Animal Bites				
PUNISHMENT				
28. Excessive Punishment				
29. Inappropriate Punishment				
30. Bizarre Punishment				
31. Other Physically Abused Siblings In Family				
LACK OF SUPERVISION				
32. Child Regularly Unsupervised For Short Periods Of Time				
33. Child Unsupervised For One Extended Period Of Time				
34. Child Unsupervised For Many Extended Periods Of Time				
35. Child In Presence Of Obvious Physical Hazards				
36. Child Locked In Or Out of House				
DESERTION				
37. Whereabouts of Caretaker Unknown				
38. Caretaker Expressed The Intention Not To Return For Child				
39. Inadequate Plans For Extended Care				
RUNAWAY				
40. 1st or 2nd Runaway				
41. Runaway 3 or More Times				

Appendix 1
Continued

INDICATORS OF ABUSE & NEGLECT	INTAKE/ INVESTIGATION STAGE		NOW	
	PRESENT	IMPROVED	PRESENT	IMPROVED
LACK OF PHYSICAL NECESSITIES				
42. Low Income Family				
43. Lack Of Nutritious Food				
44. Lack Of Appropriate Clothing				
45. Lack Of Utilities				
46. Dirty Home				
47. Filthy Home				
SEXUAL ABUSE				
48. Child is Seductive				
49. Child Acts Out Sexually				
50. Perpetrator Habitually Forces Child into Inappropriate Social Roles				
51. Parent Inappropriately Restricts Child's Social Contacts				
52. Perpetrator Initiates Verbal Sexual Overtures				
53. Perpetrator Initiates Sexual Petting/Fondling				
54. Perpetrator Initiates Sexual Intercourse				
55. Other Instances of Sexual Abuse in Family				
EXPLOITATIVE VICTIMIZATION				
56. Child Forced To Beg or Steal				
PARENTAL BEHAVIOR TOWARD CHILD				
57. Name-Calling/Derision				
58. Parent Ignores Child				
59. Unrealistic Expectations For Developmental Stage				
60. Parent Shows No Affection				
61. Child Held Responsible For Family Problems				
62. Parent Perceives Child As Undesirably Different				

Appendix 1
Continued

INDICATORS OF ABUSE & NEGLECT	INTAKE/ INVESTIGATION STAGE		NOW	
	PRESENT	IMPROVED	PRESENT	IMPROVED
PARENT BEHAVIOR TOWARD CHILD (CONT'D)				
63. Parent Too Restrictive Of Normal Childhood Behavior				
64. Parent Creates Severe Double Bind for Child				
65. Parent Cannot Explain Why Injured Child				
66. Parent Believes Child Got What Deserved				
67. Parent Feels No Guilt For Physical or Emotional Injury to Child				
68. Parent Not Accept Responsibility For Child				
69. Parent Unable to Control Child				
70. Parent Does Not Recognize Child's Needs				
71. Spouse (Passively) Consents To Abusive Parent				
72. Parent Uses Child As Vehicle For Marital Fighting				
73. Parent Won't Change Behavior Toward the Child				
GENERAL PARENTAL BEHAVIOR				
74. Parent Acts Impulsively Or Irresponsibly				
75. Parent Would Not Accept Help				
76. Parent is Hostile				
77. Parent Displays Lack Of Consistent Behavior				
78. Parent Disassociates				
79. Parent Unable to Meet Eyes While Talking				
80. Parent Manipulative				
81. Parent Not Interacting With People				
82. Parent Does Not Accept Severity Of Family Problem				
83. Parent Gives Poor Explanation Of Situation To Worker				

Appendix 1
Continued

INDICATORS OF ABUSE & NEGLECT	INTAKE/ INVESTIGATION STAGE		NOW	
	PRESENT	IMPROVED	PRESENT	IMPROVED
PARENTAL ECONOMIC/SOCIAL PROBLEMS				
84. Abused Or Neglected As A Child				
85. Parent Abuses Drugs				
86. Parent Abuses Alcohol				
87. Parent Mentally Retarded				
88. Parent Mentally Ill				
89. Parent Physically Ill				
90. Parent Incarcerated				
91. Serious or Repeated Conflict With Law				
92. Parent Has Chronic Marital Problems				
93. Parent Separated or Divorced				
94. Parent Frequently Changes Sexual Partners				
95. Unstable Family Composition				
96. Breadwinner Without Income				
97. Dysfunctional Employment Patterns				
98. Family Socially Isolated				
99. Parent Has No Routine in Home				
100. Parent Provides Unstable Home Environment				
101. Inadequate Effort to Obtain Funds				
CHILD'S BEHAVIOR				
102. Child Withdrawn				
103. Child Displays Inappropriate Affect				
104. Child Extremely Fearful				
105. Child Fears Adults				
106. Child Extremely Dependent				
107. Child Is Sadistic				
108. Child Is Extremely Provoking				
109. Child Avoids Eye Contact				
110. Child Refuses to Discuss Family Situation				
111. Child Makes Inappropriate References To Family Problems				

Appendix 1
Continued

INDICATORS OF ABUSE & NEGLECT	INTAKE/ INVESTIGATION STAGE		NOW	
	PRESENT	IMPROVED	PRESENT	IMPROVED
CHILD'S BEHAVIOR (CONT'D)				
112. Child Is Manipulative				
113. Child Wets Bed				
114. Inappropriate Behavior For Age Or Role of Child				
115. Child Hides Injury				
116. Child Is Self-Destructive				
117. Child Is Hostile/Aggressive				
118. Child Is Ashamed				
119. Child Away From Home At Inappropriate Times				
CHILD'S ECONOMIC, SOCIAL PROBLEMS				
120. Child Abuses Alcohol				
121. Child Abuses Drugs				
122. Child Mentally Retarded				
123. Child Mentally Ill				
124. Child Physically Ill				
125. Lacks Interactive Skills				
126. Lacks Fundamental Social Skills				
127. Child Intellectually, Emotionally Immature				
128. Truant 3 Or More Times				
129. Low Academic Achievement				
130. Discipline Problems in School				
131. Child Predelinquent				
132. Child "Arrested" By Police				
133. Child Is Pregnant				
134. Is There Any Indication of Abuse/ Neglect by Substitute Care Personnel?				

Appendix 2

List of Indicators of Abuse and Neglect
and Operational Definitions

Indicators	Operational Definitions
MEDICALLY DIAGNOSED INJURIES - Verified By a Physician or Nurse	Indicators 1 through 14 are checked as present only if these were diagnosed or verified by a physician or nurse.
1. Skin Damage	
2. Bone Fracture(s) (Not Skull)	
3. Skull Fracture	
4. Previous Fracture	
5. Internal Injury	
6. Healing Injury	
7. Old Scars	
8. Sprains or Dislocation	
9. Dismemberment	
10. Brain Damage	
11. Subdural Hemorrhage or Hematoma	
12. Malnutrition	
13. Failure To Thrive	
14. Hospitalization Required	
OBSERVABLE EXTERNAL INJURIES - Seen By Worker or Reliable Collateral	
15. Burns	
16. Welts	
17. Wounds	
18. Bruises	
19. Malnutrition or Underdeveloped For Age Group	
20. Injuries Located In More Than One Place On The Body	
LACK OF MEDICAL CARE	
21. Untreated Cuts or Sores	
22. Untreated Illness	
23. No Preventive Medical Care	
24. No Immunizations	

Appendix 2
Continued

Indicators	Operational Definitions
POOR HYGIENE OF CHILD	
25. Dirty Child, Clothes	
26. Parasites On Child	
27. Animal Bites	
PUNISHMENT	
28. Excessive Punishment	Overbeating a child with a hand or belt strap so that bruises are left. The mode of punishment would have been acceptable had parent not overdone it.
29. Inappropriate Punishment	Child punished in a "non-traditional" manner. Examples: beaten with an electric cord, locked in a closet for prolonged periods, beaten with a club, hit with an iron.
30. Bizarre Punishment	Sadistic torture of child called "punishment" by parent. Examples: pouring boiling water on child, bamboo under fingernails.
31. Other Physically Abused Siblings in Family	
LACK OF SUPERVISION	
32. Child Regularly Unsupervised For Short Periods of Time	
33. Child Unsupervised For One Extended Period of Time	
34. Child Unsupervised For Many Extended Periods of Time	
35. Child In Presence of Obvious Physical Hazards	Child in presence of obvious physical hazards such as exposed gas heater, or windows open on the second floor.
36. Child Locked In or Out of House	
DESERTION	
37. Whereabouts of Caretaker Unknown	
38. Caretaker Expressed The Intention Not To Return For Child	
39. Inadequate Plans For Extended Care	
RUNAWAY	
40. 1st or 2nd Runaway	
41. Runaway 3 or More Times	

Appendix 2
Continued

Indicators	Operational Definitions
LACK OF PHYSICAL NECESSITIES	
42. Low Income Family	Family income below the poverty level.
43. Lack of Nutritious Food	Child may receive food but it is not nutritious. For example: the child eats only cokes and potato chips.
44. Lack of Appropriate Clothing	The child does not have appropriate clothing for his age, sex, or the weather. For example: child may not have a coat for the winter or may be wearing diapers at age 5.
45. Lack of Utilities	The child's home does not have light and/or heat and/or water and/or indoor plumbing.
46. Dirty Home	The home exhibits poor housekeeping. It is dirty but not a health hazard.
47. Filthy Home	The home is an immediate hazard to health. Examples: insects everywhere, excrement on the floor, huge piles of dirty dishes and clothes, no furniture.
SEXUAL ABUSE	
48. Child is Seductive	The child is inappropriately flirtatious.
49. Child Acts Out Sexually	The child initiates sexual acts with anyone.
50. Perpetrator Habitually Forces Child Into Inappropriate Social Roles	The perpetrator of the sexual abuse forces the child into social roles inappropriate to his age and/or familial relationship. Examples: a mother treats a 12-year-old son as if he were her husband or a neighbor treats a 10-year-old girl as a mature girlfriend.
51. Parent Inappropriately Restricts Child's Social Contacts	A parent inappropriately limits the social contacts of the child with the opposite sex. Examples: a father won't let a 16-year-old daughter date or is jealous of her boyfriends.
52. Perpetrator Initiates Verbal Sexual Overtures	
53. Perpetrator Initiates Sexual Petting/Fondling	
54. Perpetrator Initiates Sexual Intercourse	
55. Other Instances of Sexual Abuse in Family	

Appendix 2
Continued

Indicators	Operational Definitions
EXPLOITATIVE VICTIMIZATION	
56. Child Forced to Beg or Steal	
PARENTAL BEHAVIOR TOWARD CHILD	
57. Name-Calling/Derision	
58. Parent Ignores Child	
59. Unrealistic Expectations for Developmental Stage	The parents expect more from the child than his age and developmental stage will allow. Examples: parents expect a 6-month-old to be toilet trained or a two-year-old to dress and feed himself.
60. Parent Shows No Affection	
61. Parent Holds Child Responsible for Family Problems	
62. Parent Perceives Child as Undesirably Different	
63. Parent Too Restrictive of Normal Childhood Behavior	The parent places severe restrictions on the child for his age group. Example: an 8-year-old is not allowed to play with other children after school.
64. Parent Creates Severe Double Bind for Child	The child is damned if he does, damned if he doesn't do what the parent asks. Example: if he eats food, he's a hog; if he doesn't, then he doesn't appreciate mama's cooking.
65. Parent Cannot Explain Why He Injured Child	
66. Parent Believes Child Got What He Deserved	
67. Parent Feels No Guilt For Physical or Emotional Injury to Child	
68. Parent Does Not Accept Responsibility for Child	Parent does not feel that he should have the responsibility for the child. The school, the police, someone else should take care of the child.
69. Parent Unable to Control Child	Parent cannot control the child's behavior.
70. Parent Does Not Recognize Child's Needs	Parent does not recognize the physical and emotional needs of a child. Example: parent does not recognize the child's need for balanced, regular meals or the child's need for affection.

Indicators	Operational Definitions
71. Spouse (Passively) Consents to Abusive Parent	Spouse does not protect child from perpetrator's abuse.
72. Parent Uses Child as Vehicle for Marital Fighting	Parent involves the child in arguments with husband/wife.
73. Parent Won't Change Behavior Toward The Child	The parent won't stop abusing or neglecting the child.
GENERAL PARENTAL BEHAVIOR	
74. Parent Acts Impulsively or Irresponsibly	
75. Parent Would Not Accept Help	Parent would not accept the help of the agency or others referred to him.
76. Parent Is Hostile	
77. Parent Displays Lack of Consistent Behavior	Parent seems incapable of planning and carrying out decisions. Example: parent cannot plan family finances or meals or housekeeping.
78. Parent Disassociates	Parent doesn't follow any train of thought, makes seemingly unrelated statements.
79. Parent Unable to Meet Eyes While Talking	
80. Parent Manipulative	
81. Parent Not Interacting With People	
82. Parent Does Not Accept Severity of Family Problem	Examples: Parent explains "Kids are tough, those bruises will go away," or "it will make him strong."
83. Parent Gives Poor Explanation of Situation to Worker	The parent cannot explain the causes of a child's abuse or neglect. The parent either does not give any explanation or gives one that is patently false. Example: two-year-old Johnny lifted the iron to his own body and give himself repeated burn marks.
PARENT ECONOMIC/SOCIAL PROBLEMS	
84. Abused or Neglected As A Child	
85. Parent Abuses Drugs	
86. Parent Abuses Alcohol	
87. Parent Mentally Retarded	
88. Parent Mentally Ill	

Appendix 2
Continued

Indicators	Operational Definitions
89. Parent Physically Ill	
90. Parent Incarcerated	
91. Serious or Repeated Conflict With Law	
92. Parent Has Chronic Marital Problems	
93. Parent Separated or Divorced	
94. Parent Frequently Changes Sexual Partners	
95. Unstable Family Composition	The composition of the family changed from month to month. Lovers, friends or relatives drift in and out of the family.
96. Breadwinner Without Income	Whatever person(s) is taking care of the child is unemployed. The child doesn't have a supporter.
97. Dysfunctional Employment Patterns	Parent changes jobs frequently, has erratic job attendance, or loses job because doesn't bother to go to work.
98. Family Socially Isolated	The family has few or no contacts outside school or work. There are few friends or supportive relatives. The mother who is a housewife may be especially isolated with no regular contacts outside her children and husband (if he is in the home).
99. Parent Has No Routine in Home	Example: breakfast can be at 10 one morning, 6 the next.
100. Parent Provides Unstable Home Environment	The family moves frequently and the parent(s) make no effort to provide a permanent home.
101. Inadequate Effort to Obtain Funds	The parent(s) do not really attempt to find a job, earn more money or apply for aid.
CHILD'S BEHAVIOR	
102. Child Withdrawn	
103. Child Displays Inappropriate Affect	The child has inappropriate reactions to surroundings and events. Examples: the child laughs at sad things, cries at happy things.
104. Child Extremely Fearful	
105. Child Fears Adults	
106. Child Extremely Dependent	

Indicators	Operational Definitions
107. Child Is Sadistic	
108. Child Is Extremely Provoking	The child is a "Dennis the Menace." Anybody would beat this child.
109. Child Avoids Eye Contact	
110. Child Refuses to Discuss Family Situation	The child will not discuss allegations of abuse or neglect.
111. Child Makes Inappropriate References to Family Problems	Examples: the child makes a joke about parents' drinking, or filthy house.
112. Child is Manipulative	
113. Child Wets Bed	
114. Inappropriate Behavior For Age or Role of Child	Examples: a 6-year-old acts like a 30-year-old man, a 10-year-old acts like a baby (a 10-year-old who is not retarded).
115. Child Hides Injury	
116. Child is Self-Destructive	Child tries to physically injure himself.
117. Child is Hostile/Aggressive	
118. Child is Ashamed	
119. Child Away From Home at Inappropriate Times	This depends on the age of the child. Example: a 10-year-old child who is out at 2 a.m.
CHILD'S ECONOMIC, SOCIAL PROBLEMS	
120. Child Abuses Alcohol	
121. Child Abuses Drugs	
122. Child Mentally Retarded	
123. Child Mentally Ill	
124. Child Physically Ill	
125. Lacks Interactive Skills	Child does not know how to communicate with adults or peers.
126. Lacks Fundamental Social Skills	Examples: child does not know how to use a knife and fork, eats with his hands; or child does not know how to use a handkerchief, uses his fingers.
127. Child Intellectually, Emotionally Immature	
128. Child Truant 3 or More Times	
129. Low Academic Achievement	
130. Discipline Problems in School	

Appendix 2
Continued

Indicators	Operational Definitions
131. Child Predelinquent	
132. Child "Arrested" by Police	Child is detained for an offense by law enforcement officials for which he would be arrested if he were older.
133. Child is Pregnant	
134. Is There Any Indication of Abuse/Neglect by Substitute Care Personnel?	

Appendix 3

Formula For The Abuse Index

	Maximum Conceivable Scores
MEDICALLY DIAGNOSED INJURIES = skin damage + bone fractures + skull fractures + previous fractures + internal injury + healing injury + old scars + sprains or dislocations + dismemberment + brain damage + subdural hemorrhage + malnutrition + failure to thrive + hospitalization required	14
OBSERVABLE EXTERNAL INJURIES = burns + welts + wounds + bruises + malnutrition or underdeveloped for age group + injuries located in more than one place on the body	6
ABUSED SIBLING IN FAMILY	1
EXCESSIVE PUNISHMENT	1
INAPPROPRIATE PUNISHMENT	1
BIZARRE PUNISHMENT	1
PARENTAL BEHAVIOR TOWARD CHILD = unrealistic expectations for developmental stage + parent shows no affection + child held responsible for family problem + perceives child as undesirably different + believes child got what he deserved + feels no guilt for physical or emotional injury + unable to control child + does not recognize child's needs + spouse passively consents to abusive parent + uses child for marital fighting + parent won't change behavior toward child	11
GENERAL PARENTAL BEHAVIORAL PROBLEMS = acts impulsively or irresponsibly + parent would not accept help + parent is hostile + parent displays lack of consistent behavior + parent manipulative + not accept severity of family problem + poor explanation of situation to worker + abused or neglected as a child + parent abuses alcohol + parent has no routine in home	10
FAMILY ECONOMIC AND SOCIAL PROBLEMS = parent has chronic marital problems + parent separated or divorced + unstable family composition + breadwinner unemployed + dysfunctional employment patterns + provides unstable home environment + inadequate efforts to obtain funds	7
CHILD'S BEHAVIOR AND PROBLEMS = child fears adults + child is extremely provoking + child is manipulative + inappropriate behavior for age or role + child hides injury + child mentally retarded + child left in the presence of obvious physical hazards	7
ABUSE INDEX = Medically Diagnosed Injuries + Observable External Injuries + Abused Sibling In Family + Excessive Punishment + Inappropriate Punishment + Bizarre Punishment + Parental Behavior Toward Child + General Parental Behavioral Problems + Family Economic and Social Problems + Child's Behavior and Problems	59

NOTE: The indicators have been grouped into items such as medically diagnosed injuries for convenience in analysis; that is, these are logical groupings that were often more convenient to discuss than each of the 59 indicators when we wanted to examine relationships below the level of overall scores. There is nothing sacred about these items. They are not based on a factor analysis but are just groupings that made common sense to us.

Appendix 4

Formula for the Neglect Index

	Maximum Conceivable Scores
POOR MEDICAL CARE = untreated cuts or sores + untreated illness + no preventive medical care + no immunizations + dirty child, clothes + parasites on child + animal bites	7
LACK OF PHYSICAL NECESSITIES = low income family + lack of nutritious food + lack of appropriate clothing + lack of utilities + filthy home	6
EXCESSIVE PUNISHMENT	1
LACK OF SUPERVISION REGULARLY FOR SHORT PERIOD	1
LACK OF SUPERVISION FOR ONE EXTENDED PERIOD	1
LACK OF SUPERVISION FOR MANY EXTENDED PERIODS	1
WHEREABOUTS OF CARETAKER UNKNOWN	1
PARENTAL BEHAVIOR TOWARD CHILD = unrealistic expectations for developmental stage + believes child got what deserved + feels no guilt for physical or emotional injury + not accept responsibility of child + unable to control child + does not recognize child's needs + spouse passively consents to abusive parent + uses child for marital fighting + parent won't change behavior toward child	9
GENERAL PARENTAL BEHAVIORAL PROBLEMS = acts impulsively or irresponsibly + parent would not accept help + parent is hostile + parent displays lack of consistent behavior + parent disassociates + parent manipulative + not accept severity of family problem + poor explanation of situation to worker + abused or neglected as child + parent abuses alcohol + parent mentally ill + parent physically ill + parent makes inadequate effort to obtain funds + parent has no routine at home + parent not interacting with people	15
FAMILY ECONOMIC AND SOCIAL PROBLEMS = parent in jail + serious or repeated conflict with the law + parent has chronic marital problems + parent separated or divorced + parent frequently changes sexual partners + unstable family composition + breadwinner unemployed + dysfunctional employment patterns + family socially isolated + provides unstable home environment	10
CHILD'S BEHAVIOR AND PROBLEMS = inappropriate behavior for age or role + child mentally retarded + low academic achievement + discipline problems in school	4
NEGLECT INDEX = Poor Medical Care + Lack of Physical Necessities + Excessive Punishment + Lack of Supervision Regularly For Short Periods + Lack Of Supervision For One Extended Period + Lack Of Supervision For Many Extended Periods + Whereabouts Of Caretaker Unknown + Parental Behavior Toward Child + General Parental Behavioral Problems + Family Economic and Social Problems	56

NOTE: The indicators have been grouped into items such as "poor medical care" for convenience in analysis; that is, these are logical groupings that were often more convenient to discuss than each of the 56 indicators when we wanted to examine relationships below the level of overall scores. There is nothing sacred about these items. They are not based on a factor analysis but are just groupings that made common sense to us.

Appendix 5

Formula for the Sexual Abuse Index

	Maximum Conceivable Scores
SEXUAL ABUSE INDEX = perpetrator initiates sexual petting/fondling + perpetrator initiates sexual intercourse + other instances of sexual abuse in family + child is seductive + child acts out sexually + perpetrator habitually forces child into inappropriate social roles + parent inappropriately restricts child's social contacts + perpetrator initiates verbal sexual overtures + other social and behavioral indicators to be determined	8+

NOTE: The physical indicators of sexual abuse were so rare that we were unable to construct this index with statistical certainty. The indicators listed are the physical and behavioral indicators included in the index on the basis of the literature and professional expertise on sexual abuse.

Appendix 6

Program Variables That Can Be Used With
The Indicator/Index Approach

NOTE: The variables with asterisks by them have many values, which are listed on the following pages.

1. child welfare board in county
2. unit
3. child received medical exam
4. child received psychological/psychiatric exam
5. child received professional counseling
6. child received medical care other than a medical examination
7. services are oriented toward
   (a) this child
   (b) another child(ren) in the family
8. length of investigation period
9. how long received on going services
10. child was seen during investigation
11. interval between complaint and first contact
12. average interval between contacts during investigation period
13. average interval between contacts during each month of service delivery
14. interval between complaint and first home visit
15. average interval between home visits during investigation period
16. average interval between home visits during each month of service delivery
17. # of contacts during investigation period
18. # of contacts during on going services
19. # of home visits during investigation period
20. # of home visits during ongoing services
21. type of contact*
22. contact with whom*
23. programs received treatment from
24. # of program transfers
25. # of workers who handled the case
26. type of activity
27. source of referral*
28. referred child seen during investigation
29. parent(s) or responsible person interviewed
30. collaterals contacted
31. investigation results shared with client
32. worker responses to child's problem*
33. reasons for closing case*
34. number of previous complaints
35. interval between last complaint and this complaint
36. average interval between contacts with foster child
37. average interval between contacts with substitute care personnel
38. average interval between contacts with family
39. average interval between contacts with child and family
40. type of activity*

SOME PROGRAM VARIABLES AND VALUES

Type of Contact

1 - Home visit to client's home - Used when a worker went to the client's home only, (could be parent in and/or out of home).
2 - Home visit to other - Use when the visit was to a foster home, relative's home, friend's home, etc.
3 - Office visit - Use when a worker had a contact with anyone at the DHR office.
4 - Telephone Call - Use for any completed telephone call to anyone.
5 - Other - Use when the contact occurred at any other type of place; for example, a doctor's office, clinic, court, police station, schools, etc.
6 - Unknown

Contact with Whom

1 - Whole Family - Use when both parents and some children were seen jointly, even if some children are not there.
2 - Both Parent(s) or Parent Figures - Use when both natural parents, or a natural parent and stepparent, or natural parent and girlfriend/boyfriend, adoptive parents or other combination of parent figures were contacted.
3 - Mother in Home - Used when a contact was only with one parent in home. Mother includes the mother the children are currently living with, or were living with prior to removal.
4 - Father in Home - Used when a contact was only with one parent in home. Father includes the father the children are currently living with, or were living with prior to removal.
5 - Parent Out of Home - Used for a parent who was moving around with no established residence, or the parent who does not have custody of the children, and/or the parent with whom the children do not live.
6 - Child(ren) in Home - Use for child(ren) who are living in their own home.
7 - Child(ren) in Substitute Care - Used to show a contact with one or more children who were not in their own home, i.e., were in foster care homes, institutions, or relative's homes.
8 - Other Children - Use when any other children, e.g., older children or children staying with friends are contacted.
9 - Relatives - Use when any relative is contacted (unless the relative is providing substitute care).
10 - Neighborhood System - Used to show contacts with the church, neighbors, landlord, friend, employer, babysitter, passerby, anonymous persons.
11 - Education System - Used to show contacts with the school, principal, teacher, counselor, school nurse, attendance officer, day care personnel.
12 - Health System - Used to show contacts with the hospital, clinic, doctor, Public Health Nurse, psychologist/psychiatrist.
13 - DHR Social/Financial Services - Use to show contacts with any DHR professional staff, e.g., other workers, supervisors, CSA's, etc.
14 - Other Social Services - Used to show contacts with county welfare, counseling agencies, public housing authority, private social service agencies, juvenile probation, etc.
15 - Legal System - Used to show contacts with lawyers, police, adult probation, and the court.

SOME PROGRAM VARIABLES AND VALUES
CONTINUED

Contact with Whom Continued

16 - Substitute Care Personnel - Used to show contacts with DHR or other agency licensed foster parents, institutional staff, and relative's providing substitute care.
17 - Other - Used to show contacts with any individual, group or agency which does not fit one of the above categories.
18 - Unknown

Type of Activity

1 - Investigation - Primarily appropriate to intake cases or the investigation stage of a case, but may be used in other programs if the activity was clearly continued investigation.
2 - Service Planning - Used to show any contact where the worker and client actually discussed and identified problems, set goals and planned objectives and services.
3 - Referrals/Follow-ups to Resources - Worker sends client(s) to another DHR program or a non-DHR resource and/or follows-up on the referral to insure that the client(s) made contact with that resource.
4 - Obtaining/Providing Concrete Services - Used to show contacts where needed items or services such as food, money, transportation, and medical care were obtained or provided by Child Welfare workers.
5 - Monitoring of Case - Used to show a contact for the purpose of checking on the family's situation, for example, the status of the case members and their problems. It does not include any counseling activity, but differs from INFORMATION GATHERING, SHARING because an obvious effort to gauge the family's status was made.
6 - Information Gathering/Sharing - Used to show contacts where information sharing/gathering was the only apparent purposes, i.e., no monitoring of the situation, counseling, or other specific service was provided.
7 - Counseling - Used to show any worker provided counseling to children, parents, or families. Counseling included attempts other than concrete services, monitoring, etc., to address client problems and determine or implement plans to improve them.
8 - Placement Related - Used to show contacts for requesting and arranging placements, making pre-placement visits, actually placing children, contacts after placement for monitoring and maintaining the placement, and parent-child visits. It includes primarily contacts with foster children, foster parents, but also some natural parents and DCCW staff.
9 - Legal related - Used to show contacts with the court, attorneys, and juvenile or adult probation related to taking legal action, court hearings, etc.
10 - Other - Use for all other types of activities.
11 - Unknown

SOME PROGRAM VARIABLES AND VALUES

Type of Contact

1 - Home visit to client's home - Used when a worker went to the client's home only, (could be parent in and/or out of home).
2 - Home visit to other - Use when the visit was to a foster home, relative's home, friend's home, etc.
3 - Office visit - Use when a worker had a contact with anyone at the DHR office.
4 - Telephone Call - Use for any completed telephone call to anyone.
5 - Other - Use when the contact occurred at any other type of place; for example, a doctor's office, clinic, court, police station, schools, etc.
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4 - Father in Home - Used when a contact was only with one parent in home. Father includes the father the children are currently living with, or were living with prior to removal.
5 - Parent Out of Home - Used for a parent who was moving around with no established residence, or the parent who does not have custody of the children, and/or the parent with whom the children do not live.
6 - Child(ren) in Home - Use for child(ren) who are living in their own home.
7 - Child(ren) in Substitute Care - Used to show a contact with one or more children who were not in their own home, i.e., were in foster care homes, institutions, or relative's homes.
8 - Other Children - Use when any other children, e.g., older children or children staying with friends are contacted.
9 - Relatives - Use when any relative is contacted (unless the relative is providing substitute care).
10 - Neighborhood System - Used to show contacts with the church, neighbors, landlord, friend, employer, babysitter, passerby, anonymous persons.
11 - Education System - Used to show contacts with the school, principal, teacher, counselor, school nurse, attendance officer, day care personnel.
12 - Health System - Used to show contacts with the hospital, clinic, doctor, Public Health Nurse, psychologist/psychiatrist.
13 - DHR Social/Financial Services - Use to show contacts with any DHR professional staff, e.g., other workers, supervisors, CSA's, etc.
14 - Other Social Services - Used to show contacts with county welfare, counseling agencies, public housing authority, private social service agencies, juvenile probation, etc.
15 - Legal System - Used to show contacts with lawyers, police, adult probation, and the court.

SOME PROGRAM VARIABLES AND VALUES
CONTINUED

Contact with Whom Continued

16 - Substitute Care Personnel - Used to show contacts with DHR or other agency licensed foster parents, institutional staff, and relative's providing substitute care.
17 - Other - Used to show contacts with any individual, group or agency which does not fit one of the above categories.
18 - Unknown

Type of Activity

1 - Investigation - Primarily appropriate to intake cases or the investigation stage of a case, but may be used in other programs if the activity was clearly continued investigation.
2 - Service Planning - Used to show any contact where the worker and client actually discussed and identified problems, set goals and planned objectives and services.
3 - Referrals/Follow-ups to Resources - Worker sends client(s) to another DHR program or a non-DHR resource and/or follows-up on the referral to insure that the client(s) made contact with that resource.
4 - Obtaining/Providing Concrete Services - Used to show contacts where needed items or services such as food, money, transportation, and medical care were obtained or provided by Child Welfare workers.
5 - Monitoring of Case - Used to show a contact for the purpose of checking on the family's situation, for example, the status of the case members and their problems. It does not include any counseling activity, but differs from INFORMATION GATHERING, SHARING because an obvious effort to gauge the family's status was made.
6 - Information Gathering/Sharing - Used to show contacts where information sharing/gathering was the only apparent purposes, i.e., no monitoring of the situation, counseling, or other specific service was provided.
7 - Counseling - Used to show any worker provided counseling to children, parents, or families. Counseling included attempts other than concrete services, monitoring, etc., to address client problems and determine or implement plans to improve them.
8 - Placement Related - Used to show contacts for requesting and arranging placements, making pre-placement visits, actually placing children, contacts after placement for monitoring and maintaining the placement, and parent-child visits. It includes primarily contacts with foster children, foster parents, but also some natural parents and DCCW staff.
9 - Legal related - Used to show contacts with the court, attorneys, and juvenile or adult probation related to taking legal action, court hearings, etc.
10 - Other - Use for all other types of activities.
11 - Unknown

Source of Referral

1. Family System
2. Neighborhood System
3. Anonymous
4. Education System
5. Health System
6. Social Service System
7. Other DHR Worker
8. Legal System
9. Police
10. Military System

Worker Responses to Child's Problem

1. doesn't recognize problem
2. recognized problem but doesn't take action
3. intervenes but is manipulated and has little effect
4. intervenes but impact is prevented by factors beyond his/her control
5. intervenes but has no impact
6. intervenes and has impact on problem(s)
7. family solves own problem
8. there was no problem

Reasons for Closing Case

1. complaint invalidated
2. services terminated
3. managing conservatorship ended, services terminated
4. family moved, unable to contact

Glossary

index - a cumulative measure which is constructed through the simple addition of values assigned to each indicator in the index. The value has no absolute meaning.

index score - the total of all the indicators on the index (there are three indices: the abuse, neglect and sexual abuse indices).

indicator - is a variable which measures some aspect of a variable that is not directly measurable. The price of milk is one indicator of inflation.

operational definition - is a definition of an indicator (a variable) that allows the user to recognize it when (s)he sees it in a case record, observes it, or hears it from a caseworker. It tells the user when to and when not to count an indicator.

protection score - the score obtained by subtracting the index score after services are received from the index score for the intake/investigation period.

scale - a cumulative measure which is constructed through the averaging of scores on each item in the scale. The value has an absolute meaning.

T_1 - the first point at which data are collected, usually the point at which the referral or complaint is accepted for services (the before stage).

T_2 - a second point in the case after services are received, which is defined for each study (the after stage).

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